U.S. Postal Service CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For deliver	ry informa	ation	visit o	our web	site	at www.usps.com®
PB 3	19/2	01	8	m	0	1700090
	Postage	\$	1			Grand county nas until 4/12/10 to comment
Ce	rtified Fee					to comment
Return Re (Endorsement	eciept Fee Required)					on tentative
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Total Postar						

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m AUDREY GRAHAM

GRAND COUNTY COUNCIL

125 E CENTER ST Street, Apt. No. or PO Box No MOAB UT 84532

City, State, ZI

Sent To

Certified Mail Provides:

PS Form 3800, June 2002 (Reverse)

A mailing receipt

A unique identifier for your mailpiece

A record of delivery kept by the Postal Service for two years

Important Reminders:

■ Certified Mail may ONLY be combined with First-Class Mail® or Priority Mail®.

Certified Mail is not available for any class of international mail.

NO INSURANCE COVERAGE IS PROVIDED with Certified Mail. For valuables, please consider Insured or Registered Mail.

■ For an additional fee, a Return Receipt may be requested to provide proof of delivery. To obtain Return Receipt service, please complete and attach a Return Receipt (PS Form 3811) to the article and add applicable postage to cover the fee. Endorse mailpiece "Return Receipt Requested". To receive a fee waiver for a duplicate return receipt, a USPS_® postmark on your Certified Mail receipt is required.

■ For an additional fee, delivery may be restricted to the addressee or addressee's authorized agent. Advise the clerk or mark the mailpiece with the endorsement "Restricted Delivery".

If a postmark on the Certified Mail receipt is desired, please present the article at the post office for postmarking. If a postmark on the Certified Mail receipt is not needed, detach and affix label with postage and mail.

IMPORTANT: Save this receipt and present it when making an inquiry.
Internet access to delivery information is not available on mail
addressed to APOs and FPOs.

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY					
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: 	A. Signature A. Signature Addressee B. Received by (Printed Name) D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No					
AUDREY GRAHAM GRAND COUNTY COUNCIL 125 E CENTER ST MOAB UT 84532	3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise					
	☐ Insured Mail ☐ C.O.D.					
PB 3/9/2010 mo4700090	4. Restricted Delivery? (Extra Fee) ☐ Yes					
2. Article Number (Transfer from service label) 7003 2260 0002 0247 9321						
PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540						

United States Postal Service
MAIL SVCS 03/17/2010 04:19 AM



First-Class Mail Postage & Fees Paid USPS Permit No. G-10

Sender: Please print your name, address, and ZIP+4 in this box

PENNY BERRY
STATE OF UTAH
DIVISION OF OIL GAS & MINING
PO BOX 145801
RECEIVED
MAR 1 7 2010

DIV. OF OIL, GAS & MINING